

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL  
FOR: HEALTH CARE FINANCING ADMINISTRATION**

1. TRANSMITTAL NUMBER:

0 2 - 0 0 3

2. STATE:

Ohio

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL  
SECURITY ACT (MEDICAID) TITLE XIXTO: REGIONAL ADMINISTRATOR  
HEALTH CARE FINANCING ADMINISTRATION  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

January 13, 2002

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

Section 1902 (a)(13)(A) of the Social Security Act

7. FEDERAL BUDGET IMPACT:

a. FFY 2002 \$ -0-b. FFY 2003 \$ -0-

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 4.19D: Rules 5101: 3-3-75  
5101: 3-3-77  
5101: 3-3-85.19. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable):Attachment 4.19D: Rules 5101: 3-3-75  
5101: 3-3-77  
5101: 3-3-851

10. SUBJECT OF AMENDMENT:

The rules contained in this amendment reflect changes made pursuant  
to the rule-review requirements of Section 119032 of the Ohio Revised Code.

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL☒ OTHER, AS SPECIFIED:The Governor's Office has delegated  
review to the Director of ODJFS.

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

Thomas J. Hayes

14. TITLE:

Director

15. DATE SUBMITTED:

March 8, 2002

16. RETURN TO:

Pekky Jackson  
Bureau of Health Plan Policy  
Office of Ohio Health Plans  
Ohio Department of Job and Family Services  
30 East Broad Street, 27th Floor  
Columbus, Ohio 43215-3414

## FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

3/11/02

18. DATE APPROVED:

4/3/02

## PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

January 13, 2002

20. SIGNATURE OF REGIONAL OFFICIAL:

Cheryl A. Harris

21. TYPED NAME:

Cheryl A. Harris

22. TITLE: Associate Regional Administrator  
Division of Medicaid and Children's Health

23. REMARKS:

RECEIVED

MAR 11 2002

DMCH - IL/IN/OH

**5101:3-3-75 Intermediate care facilities for the mentally retarded (~~ICF-MR~~)  
(ICFs-MR) case mix assessment instrument: Individual  
Assessment Form (IAF).**

- (A) For the purpose of determining medicaid payment rates for intermediate care facilities for the mentally retarded (ICFs-MR) effective July 1, 1993 and thereafter, each ICF-MR shall assess all residents of medicaid-certified beds, defined in paragraph (B) of this rule, at least annually to determine case mix acuity using the ~~ODHS-2220~~ JFS 02220 "Ohio ICF-MR Individual Assessment Form (IAF)".
- (B) Effective December 31, 1992 and quarterly thereafter, for each resident of a medicaid-certified ICF-MR bed, regardless of pay source or anticipated length of stay, all medicaid-certified ICFs-MR must submit to the Ohio department of ~~human services (ODHS)~~ job and family services (ODJFS) an ~~ODHS-2221~~ JFS 02221 "Ohio ICF-MR Individual Assessment Form Answer Sheet" that reflects the resident's condition on the reporting period end date, which is the last day of the calendar quarter. ICFs-MR shall evaluate at least quarterly if a reassessment is necessary to accurately reflect the resident's current condition.
- (1) "Resident of a medicaid-certified ICF-MR as of the reporting period end date" shall include:
- (a) Residents who were admitted to the ICF-MR prior to the reporting period end date and continue to be physically present in the ICF-MR on the reporting period end date; and
  - (b) Residents who were admitted to the ICF-MR on the reporting period end date from a non-ICF-MR setting (home, hospital, adult care facility, rest home, nursing facility (NF)); and
  - (c) Residents who were transferred or admitted into the ICF-MR from another ICF-MR on the reporting period end date; and
  - (d) Residents who were temporarily absent on the reporting period end date but are considered residents due to payment from any source to hold a bed during hospital stays, visits with friends or relatives, or participation in therapeutic programs outside the facility.

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- (2) "Resident of a medicaid-certified ICF-MR as of the reporting period end date" shall not include residents who were discharged from the ICF-MR, transferred to another ICF-MR, or died prior to or on the reporting period end date.
- (3) For admissions occurring within thirteen days prior to the reporting period end date or on the reporting period end date, an assessment will be considered to reflect the resident's condition on the reporting period end date even though the date of assessment may be after the reporting period end date. Such assessments must be conducted no later than fourteen days after the date of admission.
- (C) Each provider shall complete and submit quarterly a signed ~~ODHS-2222~~ JFS 02222 "ICF-MR Certification of IAF Data" form with its quarterly submission of ~~ODHS-2221~~ JFS 02221 forms. The ~~ODHS-2222~~ JFS 02222 form identifies the ICF-MR, medicaid provider number, number of beds certified by the Ohio department of health (ODH) for medicaid, and total number of residents in an ICF-MR as of the reporting period end date, as defined by paragraph (B) of this rule.
- (D) The signed ~~ODHS-2222~~ JFS 02222 form and ~~ODHS-2221~~ JFS 02221 forms shall be submitted to ~~ODHS~~ ODJFS postmarked no later than the fifteenth day of the month following the reporting period end date. The ~~ODHS-2222~~ JFS 02222 form and ~~ODHS-2221~~ JFS 02221 forms shall be submitted in a format that is approved by ~~ODHS~~ ODJFS. Facilities should retain the original ~~ODHS-2221~~ JFS 02221 for the resident record.
  - (1) For providers submitting data in paper format, copies of the forms submitted to ~~ODHS~~ ODJFS must be legible and single-sided. All copies of ~~ODHS-2221~~ JFS 02221 forms from the same provider number and the ~~ODHS-2222~~ JFS 02222 form shall be banded together and submitted at one time in one box or envelope.
  - (2) For providers submitting data in electronic format, a paper copy of the ~~ODHS-2222~~ JFS 02222 form must accompany the data. The data must be submitted in the exact record layout contained in ~~ODHS~~ ODJFS specifications. The diskette must be labeled with the facility name and medicaid provider number.

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Effective Date:

RC 119.032 review dates:

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Certification

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Date

Promulgated under: RC Chapter 119.  
Statutory authority: RC Sections 5111.02, 5111.231  
Rule amplifies: RC Sections 5111.01, 5111.02, 5111.231  
Prior effective dates: 10/1/92 (Emer.), 12/31/92, 9/30/93 (Emer.),  
1/1/94

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**5101:3-3-77 Calculation of quarterly and annual intermediate care facility for the mentally retarded (ICF-MR) facility average case mix scores.**

(A) In establishing the direct care component of the intermediate care facility for the mentally retarded (ICF-MR) rate, the following definitions are used:

- (1) "Annual facility average case mix score" is the score used to calculate the facility's cost per case mix unit, and is calculated using the methodology described in paragraph (M) of this rule.
- (2) "Case mix reimbursement" is a system that adjusts payment for direct services by identifying resident characteristics associated with actual measured resource use. It takes into account the fact that some residents are more costly to care for than others due to their different care needs.
- (3) "Correction document due date" is the deadline, as set forth in paragraph (G)(3) of this rule, for the ICF-MR to return to the Ohio department of ~~human services (ODHS)~~ job and family services (ODJFS) the completed "IAF Correction Document" sent as part of the "IAF Case Mix Initial Quarterly Report". The correction document due date applies to corrections submitted in either paper or electronic format for facility-level and resident record changes.
- (4) "Critical elements" are data items from a resident's ~~ODHS 2221 JFS~~ 02221 "Ohio ICF-MR Individual Assessment Form Answer Sheet" that ~~ODHS~~ ODJFS verifies prior to determining a resident's resident assessment class.
- (5) "Critical errors" are errors in the individual assessment form (IAF) data, such as omissions or out-of-range responses, that prevent ~~ODHS~~ ODJFS from determining the resident's resident assessment class.
- (6) "Cost per case mix unit" is calculated by dividing the facility's desk-reviewed, actual, allowable, per diem direct care costs for the calendar year preceding the fiscal year in which the rate will be paid by the annual facility average case-mix score for the calendar year preceding the fiscal year in which the rate will be paid. The lesser of the facility's cost per case mix unit or the maximum allowable cost per case-mix unit for the facility's peer group for the fiscal year shall

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be used to determine the facility's rate for direct care costs, in accordance with rule 5101:3-3-79 of the Administrative Code.

- (7) "Default class" is resident assessment classification system (RACS) class five, the case mix class assigned to residents for whom missing or inaccurate data precludes classification into RACS classes one through four.
- (8) "Direct care peer group" is a group of Ohio medicaid-certified ~~ICF-MRs~~ ICFs-MR determined by ~~ODHS~~ ODJFS to have significant per diem direct care cost differences from the other direct care peer groups due to reasons other than the differences in care needs among the residents. Direct care peer groups are described in rule 5101:3-3-79 of the Administrative Code.
- (9) "Facility level errors" are errors described in paragraphs (A)(9)(a) to (A)(9)(c) of this rule and must be corrected before a facility average case mix score can be calculated, even if the facility was within the tolerance level for groupable records as described in paragraph (E) of this rule.
  - (a) Failure to submit the signed ~~ODHS-2222~~ JFS 02222 "ICF-MR Certification of IAF Data" form by the correction document due date.
  - (b) Incomplete or inaccurate data are submitted to ~~ODHS~~ ODJFS on the ~~ODHS-2222~~ JFS 02222 "ICF-MR Certification of IAF Data" form, or, for facilities submitting in electronic format, in the IAF diskette header record.
  - (c) The number of IAF forms processed is more than the reported number of residents in medicaid-certified beds on the reporting period end date.
- (10) "Filing date" is the deadline for initial quarterly submission of the ICF-MR's IAF data and the ~~ODHS-2222~~ JFS 02222, which is the fifteenth calendar day following the reporting period end date. IAF

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data submission requirements are outlined in rule 5101:3-3-75 of the Administrative Code.

- (11) "IAF Case Mix Initial Quarterly Report" is a report generated by ~~ODHS~~ ODJFS and distributed to the ICF-MR on the status of the IAF assessment data which the ICF-MR submitted to ~~ODHS~~ ODJFS for the initial quarterly filing. The report contains three components:
- (a) "IAF Provider Summary", which shows the status of the IAF data after initial processing by ~~ODHS~~ ODJFS; and
  - (b) "IAF Detail Listing", with two sections:
    - (i) List of IAF records that were grouped into RACS groups one through four; and
    - (ii) List of IAF records with critical errors that were assigned into the default group five; and
  - (c) "IAF Correction Document" which is to be used by the ICF-MR to correct errors in the IAF data. The ICF-MR must submit its corrections using a format approved by ~~ODHS~~ ODJFS.
- (12) "IAF Case Mix Follow-Up Report" is a report generated by ~~ODHS~~ ODJFS and distributed to the ICF-MR on the status of the corrected IAF assessment data which the ICF-MR submitted to ~~ODHS~~ ODJFS. The report is generated each time corrections, deletions, or additional IAF records are processed.
- (13) "Ohio ICF-MR Individual Assessment Form" (IAF, ~~ODHS-2220 JFS 02220~~) is the resident assessment instrument used in the RACS. The ~~ODHS-2221 JFS 02221~~ "Ohio ICF-MR Individual Assessment Form Answer Sheet" provides the resident assessment data which is used to classify the resident into a resident assessment class in the RACS.
- (14) "Payment quarter" is the quarter following the processing quarter and is the quarter in which the direct care rate is paid based on the

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quarterly facility average case mix score from the reporting quarter's IAF data.

- (15) "Postmark" means any of the following:
- (a) The official postmark applied to the package or envelope by the United States postal service; or
  - (b) The date the material is received by a commercial delivery service, if marked legibly on the package; or
  - (c) If the package or letter was delivered by a commercial delivery service but no date is legible on the package, ~~ODHS~~ ODJFS shall consider the postmark to be four calendar days prior to receipt by ~~ODHS~~ ODJFS.
- (16) "Processing quarter" is the quarter that follows the reporting quarter and is the quarter in which ~~ODHS~~ ODJFS receives the resident assessment data for the reporting quarter and calculates the direct care rate for the payment quarter.
- (17) "Quarterly facility average case mix score" is the facility average case mix score based on data submitted for one reporting quarter and is calculated using the methodology described in paragraph (L) of this rule.
- (18) "Record" means a resident's ~~ODHS 2221~~ JFS 02221 "Ohio ICF-MR Individual Assessment Form Answer Sheet" processed by ~~ODHS~~ ODJFS.
- (19) "Relative resource weight" is the measure of the relative costliness of caring for residents in one case mix class versus another, indicating the relative amount and cost of staff time required on average for defined job types to care for residents in a single case mix class. The methodology for calculating relative resource weights is described in rule 5101:3-3-76 of the Administrative Code.
- (20) "Reporting period end date" is the last day of the calendar quarter.

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- (21) "Reporting quarter" is the quarter which precedes the processing quarter and from which the ICF-MR's resident assessment data are used to establish the direct care rate for the payment quarter.
  - (22) "Resident assessment classification system" is the system known as RACS of classifying ICF-MR residents into case mix classes, as outlined in rule 5101:3-3-76 of the Administrative Code, and used by ~~ODHS~~ ODJFS to gather data for the direct care payment system. The case mix classes are clusters of ICF-MR residents, defined by resident characteristics, that explain resource use.
  - (23) "Resident case mix score" is the relative resource weight for the RACS class to which the resident is assigned based on data elements from the resident's IAF assessment.
  - (24) "Tolerance level" is the maximum percentage allowable of total ICF-MR records for a reporting quarter that can be classified into RACS class five, the default group, for ~~ODHS~~ ODJFS to determine the ICF-MR's direct care rate based on the facility's calculated quarterly facility average case mix score.
- (B) ~~ODHS~~ ODJFS shall process resident assessment data submitted by ICFs-MR in accordance with rule 5101:3-3-75 of the Administrative Code and classify residents using the RACS to determine resident case mix scores in accordance with rule 5101:3-3-76 of the Administrative Code. These resident case mix scores, based on relative resource weights as set forth in appendix C of rule 5101:3-3-76 of the Administrative Code, are used to establish the quarterly facility average case mix score. The methodology for determining the quarterly facility average case mix score is described in paragraph (L) of this rule.
- (C) The quarterly facility average case mix score from the reporting quarter is used in conjunction with the lesser of the facility's cost per case mix unit or the maximum allowable cost per case mix unit, adjusted by the inflation rate, to establish the quarterly direct care rate for the payment quarter, as outlined in rule 5101:3-3-79 of the Administrative Code. The facility's cost per case mix unit is calculated using the annual facility average case mix score. The

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methodology for determining the annual facility average case mix score is described in paragraph (M) of this rule.

- (D) ~~ODHS~~ ODJFS shall establish each ICF-MR's rate for direct care costs quarterly in accordance with rule 5101:3-3-79 of the Administrative Code. As described in paragraphs (H), (I), and (J) of this rule and effective with the April 15, 1993 filing date and thereafter, ~~ODHS~~ ODJFS shall assign a quarterly facility average case mix score or cost per case mix unit used to establish a facility's rate for direct care costs if the facility fails to submit its resident assessment data in accordance with rule 5101:3-3-75 of the Administrative Code or submits incomplete or inaccurate resident assessment information. Before taking such action ~~ODHS~~ ODJFS shall permit the facility a reasonable period of time to correct the information, as described in paragraph (G) of this rule. ~~ODHS~~ ODJFS assignment of the quarterly facility average case mix score or cost per case mix unit will occur as follows:

- (1) Assignment of a quarterly facility average case mix score, instead of using the quarterly average case mix score calculated based on the facility's submitted information as described in paragraph (L) of this rule in the quarterly rate calculation.

Effective on the first of August, 1994 and thereafter, ~~ODHS~~ ODJFS may assign a quarterly facility average case mix score that is five per cent less than the facility's quarterly average case mix score for the preceding calendar quarter.

- (a) If the facility was subject to an exception review in accordance with rule ~~5101:3-3-851~~ 5101:3-3-85.1 of the Administrative Code for the preceding calendar quarter, the assigned quarterly facility average case mix score shall be the score that is five per cent less than the score determined by the exception review.
- (b) If the facility was assigned a quarterly average case mix score for the preceding calendar quarter, the assigned quarterly facility average case mix score

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shall be the score that is five per cent less than that score assigned for the preceding quarter.

- (2) Assignment of a facility cost per case mix unit, instead of using the ICF-MR's cost per case-mix unit calculated based on the facility's submitted information as described in paragraph (M)(1) of this rule.

Effective on the first of August, 1994 and thereafter, ~~ODHS~~ ODJFS may assign a cost per case mix unit that is five per cent less than the facility's calculated or assigned cost per case-mix unit for the preceding calendar year.

- (E) ~~ODHS~~ ODJFS has established a tolerance level of ten per cent per quarter for residents who are classified by default into class five, as described in rule 5101:3-3-76 of the Administrative Code.

- (F) ~~ODHS~~ ODJFS shall calculate and use the actual quarterly facility average case mix score described in paragraph (L) of this rule for determining the quarterly direct care rate if:

- (1) In accordance with rule 5101:3-3-75 of the Administrative Code, the resident assessment information is submitted by the filing date; and includes resident assessments for at least ninety per cent of all residents of medicaid-certified ICFs-MR as of the reporting period end date; and

- (2) Either:

- (a) The facility's resident assessment information submitted timely for that reporting quarter provides sufficient information for classifying at least ninety per cent of the ICF-MR's residents into RACS classes one through four, or

- (b) In accordance with the procedures outlined in paragraph (G) of this rule for correcting incomplete or inaccurate information, the facility's resident assessment information submitted timely and corrected timely for that reporting quarter provides sufficient information for classifying at least

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ninety per cent of the ICF-MR's residents into RACS classes one through four; and,

- (3) The facility's submission of resident assessment data and the ~~ODHS 2222~~ JFA 02222 does not contain facility-level errors or such errors have been corrected timely through, as necessary, the "IAF Correction Document", an amended ~~ODHS 2222~~ JFS 02222 and/or submission of any additional IAF forms.
- (G) After ~~ODHS~~ ODJFS has processed the ~~ICF-MR's~~ ICF-MR resident assessment data for a reporting quarter, the "IAF Case Mix Initial Quarterly Report" will be mailed to the ICF-MR. The ICF-MR may correct either ~~ODHS~~ ODJFS-identified or ICF-MR identified errors or omissions using the "IAF Correction Document" and submit corrections to ~~ODHS~~ ODJFS along with, if necessary, an amended ~~ODHS 2222~~ JFS 02222 and any additional IAF forms.
- (1) ~~ODHS~~ ODJFS shall notify ICFs-MR through the "IAF Correction Document" of:
- (a) All critical errors of the IAF elements which prevent a record from being assigned to a RACS class; and
- (b) All critical errors of resident information which prevent a record from being added to the IAF data base, such as missing social security number.
- (2) ~~ODHS~~ ODJFS shall notify ICFs-MR through the "IAF Case Mix Initial Quarterly Report Provider Summary" of facility level errors from the ~~ODHS 2222~~ JFS 02222 "ICF-MR Certification of IAF Data" form.
- (3) ~~ODHS~~ ODJFS shall allow eighty days after the reporting period end date to make corrections and return them to ~~ODHS~~ ODJFS. Timeliness of the submission to ~~ODHS~~ ODJFS shall be determined by the postmark.

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- (4) Corrections received by ~~ODHS~~ ODJFS will be used in computing the quarterly facility average case mix score, in accordance with the conditions outlined in paragraphs (F), (H), (I), (J) and (K) of this rule.
- (5) Facilities shall use the "IAF Correction Document" to compile changes or deletions for any IAF record that has been submitted to ~~ODHS~~ ODJFS.
  - (a) ~~ODHS~~ ODJFS will process corrections submitted in paper format only if the ICF-MR submits the completed "IAF Correction Document".
  - (b) ~~ODHS~~ ODJFS will process corrections submitted in electronic format only if the ICF-MR has been approved by ~~ODHS~~ ODJFS for electronic processing of corrections and submits a diskette created using the specifications released by ~~ODHS~~ ODJFS.
- (6) Changes made on the "IAF Correction Document" for IAF data element entries, except for corrections of ~~ODHS~~ ODJFS data entry errors, must be consistent with changes made to the original IAF form maintained at the facility.
- (H) ~~ODHS~~ ODJFS may use an assigned quarterly facility average case mix score, as defined by paragraph (D)(1) of this rule, in lieu of the facility's quarterly average case mix score calculated based on the facility's submitted information, as described in paragraph (L) of this rule, for the first month of the payment quarter if any of the following occurs:
  - (1) ~~ODHS~~ ODJFS does not receive the initial quarterly submission of IAF data and the ~~ODHS-2222 JFS 02222~~ from the ICF-MR; or ~~ODHS~~ ODJFS receives the initial quarterly submission of the ICF-MR IAF data and the ~~ODHS-2222 JFS 02222~~ postmarked after the filing date.
  - (2) ~~ODHS~~ ODJFS receives the initial quarterly submission of the facility's IAF data and the ~~ODHS-2222 JFS 02222~~ postmarked on or before the filing date but less than ninety per cent of the required

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resident records for the ICF-MR were submitted on or before the filing date.

- (3) ~~ODHS~~ ODJFS receives the initial quarterly submission of the facility's IAF data and the ~~ODHS-2222~~ JFS 02222 postmarked on or before the filing date, the ICF-MR exceeds the tolerance level for defaulted records prior to corrections, and ~~ODHS~~ ODJFS receives the "IAF Correction Document", and/or an amended ~~ODHS-2222~~ JFS 02222 and submission of any additional IAF forms as necessary, postmarked after the due date.
  - (4) ~~ODHS~~ ODJFS receives the initial quarterly submission of the facility's IAF data and the ~~ODHS-2222~~ JFS 02222 postmarked from one to thirty days after the filing date, and ~~ODHS~~ ODJFS receives the "IAF Correction Document" postmarked on or before the due date.
  - (5) The facility continues to exceed the tolerance level even after the "IAF Correction Document", received by ~~ODHS~~ ODJFS postmarked by the due date, is processed.
  - (6) The facility continues to have facility level errors that prevent classification of records into RACS Classes even after the "IAF Correction Document", and/or, as necessary, an original or amended ~~ODHS-2222~~ JFS 02222 and submission of any additional IAF forms, received by ~~ODHS~~ ODJFS postmarked by the due date, is/are processed.
- (I) ~~ODHS~~ ODJFS may continue to use an assigned quarterly facility average case mix score, as defined by paragraph (D)(1) of this rule, in lieu of the facility's quarterly average case mix score calculated based on the facility's submitted information, as described in paragraph (L) of this rule, for the second month of the payment quarter if any of the following occurs:
- (1) ~~ODHS~~ ODJFS does not receive the initial quarterly submission of the IAF data and the ~~ODHS-2222~~ JFS 02222 from the ICF-MR.
  - (2) ~~ODHS~~ ODJFS receives the initial quarterly submission of the facility's IAF data and the ~~ODHS-2222~~ JFS 02222 postmarked on or

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